



# MAXI RESEARCH GRANT PROPOSAL

(For Grades 9–12 Only)

NOTE: Only students who have been selected to exhibit at an Area, City, or State Science Fair may apply for the Maxi Research Grant. **APPLICATION DEADLINE is FEBRUARY 19, 2010**

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ Chicago, IL Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

School: \_\_\_\_\_ CPS Area: \_\_\_\_\_ GSR: \_\_\_\_\_

School Phone: (773) \_\_\_\_\_

Teacher-Sponsor's Signature: \_\_\_\_\_

Name of Teacher-Sponsor (*please print or type*): \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

Name of Scientific Advisor (*if any*): \_\_\_\_\_

Affiliation of Advisor: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Title of Project: \_\_\_\_\_

Purpose of Project:

Specific organisms (*if applicable*) to be used:

Procedures to be followed:

If more space is needed, attach additional pages.

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- Attach a copy of your Reference List.
- Attach a copy of your Research Summary.
- Attach a copy of your approved endorsement(s) if this research involves humans, vertebrates, vertebrate tissue, microorganisms, or recombinant DNA as per the 2010 Science Fair Handbook.
- List materials needed and include the catalogue number, price, price extension, shipping charges, and the name of the supplier. Attach additional pages if necessary.

QUANTITY	ITEM(S)	CATALOGUE #	COST (EACH)	EXTENSION	SHIPPING	NAME OF SUPPLIER
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			<b>TOTAL ►</b>			

Total amount requested: \$ \_\_\_\_\_ (Maximum of \$500.00. One grant per student.)

**Indicate your participation by year in:**

School Science Fairs: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

Chicago Area/Regional Science Fairs: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

City Science Fairs: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

IJAS (State Science Fairs): \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

ISEF (International Science Fairs): \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

**Mail to: Barbara Dubielak-Wood**  
 Medill TPDC room 103  
 GSR #80

**DO NOT WRITE BELOW THIS LINE. (FOR COMMITTEE USE)**

Research Grant Committee:

1.  Approved     Rejected    Initials: \_\_\_\_\_ Date: \_\_\_\_\_
2.  Approved     Rejected    Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Review: All applicants receiving approval of this application must be interviewed by representatives of Chicago Public Schools Student Science Fair, Inc.

Interviewer: \_\_\_\_\_  Approved  Rejected \_\_\_\_\_  
INTERVIEW DATE CHECK NUMBER:

Interviewer: \_\_\_\_\_  Approved  Rejected \_\_\_\_\_  
INTERVIEW DATE CHECK NUMBER: